

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	1					
2		1				
3						
4		1				
5						
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39		1				
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41		1				
42	1					
43		1				
44	1					
45						
46						
47						
48						
49						
50						
TOTAL IND.	12					
TOTAL DER.	32					
TOTAL CLAIMS	44					

	*		*		*	
	IND.	DER.	IND.	DER.	IND.	DER.
51						
52						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS